



Mining City Christmas

& Holiday Giving Program

Senior Program Rules (MUST BE 62 or OLDER TO APPLY)

Please read the following rules of the Mining City Christmas Program carefully. For the purposes of prompt approval, it is important to be accurate and thorough when completing the application.

Approval and Non-Approval Notices: You will receive notification via telephone for the following: further questions on application, missing information on application, or denial of application for the Mining City Christmas Program. Please make sure when filling out the application that you have included a working phone number so that we may reach you. If approved for the program, you will receive notification via telephone for picking up your items. If you do not receive telephone notification by December 17, 2021, you may contact the Mining City Christmas message line at (406) 533-6842.

One Application per household: Please submit only one application per household. Those applying must reside in Silver Bow County in order to be considered for the program.

Applying for someone other than yourself: If for any reason you are unable to complete the application, please let our agency know and our committee will help. Please complete the application for your family.

Applying for another holiday giving program: There are other holiday giving programs in Butte. You may only apply for one program. There is a system in place for preventing duplication.

Pick-Up: If approved for the Mining City Christmas Program, you will need to bring the Mining City Christmas ID# given to you during your approval telephone call and a photo ID in order to pick up your items. Only the applicant may pick up the items.

I have read and understand the rules of the Mining City Christmas Program.

Applicant Signature: _____

Date: _____

Check ALL of the following sources of assistance and income that have been received by ANY MEMBER OF YOUR HOUSEHOLD WITHIN THE PAST 12 MONTHS:

Verification of 3 months of Income from the Items Listed Below:

TANF (includes Tribal)	Pension/Retirement Income	Self Employment
SNAP/Food Stamps	Property Income	Child Support: If paid through MT CSED, provide case #s:
Supplementals Security Income	Alimony Payments	_____
LIEAP	Worker's Comp	_____
Social Security	Educational Grants	Other: If checked, please explain:
VA	Loans	_____
Wages/Tips	Gifts (Money)	_____
Unemployment	Odd Jobs	_____
Please Provide Total Monthly Income: \$ _____		

I give Action, Inc. permission to release any information contained on this application to other individuals and/or agencies for the purpose of verifying information provided and coordinating services. I understand that failure to provide any information requested will void my application. If you are adopted, the adoptee will have access to your name, address and phone number.

I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge. I understand that all information will be verified by Action, Inc./MCC. If any information is incorrect the application will be void, and I may be subject to criminal penalties.

Signature: _____ **Date:** _____

Please Return Application to Action Inc. at 25 W. Silver St, Butte, MT
Deadline: December 15, 2021





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---SENIOR APPLICATION---

MCC-SENIOR ID #

Physical Address (REQUIRED): _____

City: _____

State: MT Zip: _____

Mailing Address (if different): _____

City: _____

State: MT Zip: _____

Phone (REQUIRED): _____

Other/Message Phone: _____

	LAST NAME	FIRST NAME	MI	RELATIONSHIP	SOCIAL SECURITY #	BIRTH DATE			AGE	GENDER		DISABLED		EMPLOYED	
						MM	DD	YYYY		M	F	Y	N	Y	N
1				HEAD (Self)											
2															
3															
4															

OFFICE USE ONLY

Date Received: _____ Initials: _____

Eligibility Date: _____ Initials: _____

Date Entered: _____ Initials: _____

Misc. Notes: _____

Called To Pick Up: _____ Initials: _____

Pick Up Date: _____ Initials: _____

ID Verified By: _____ Initials: _____

Food Information:

Food Card _____

Applicant (printed): _____

Applicant (signature): _____